

## **SECTION 3A - INFECTION CONTROL ORIENTATION AND MANDATORY TRAINING**

**I. POLICY.** The Hospital Infection Control Officer will participate in all orientation and yearly in-service presentations. Orientation and annual in servicing is mandatory for all employees.

**II. PURPOSE.** To provide an overview of the infection prevention, surveillance, and control program at DeWitt Health Care System. To meet federal regulations determined by OSHA for Bloodborne Pathogens and TB Exposure Control training.

**III. OBJECTIVE:** After the period of instruction, the employee will:

- A. Understand the appropriate utilization of Standard Precautions.
- B. List three bloodborne pathogens and how they may be transmitted in the workplace.
- C. Define Personal Protective Equipment (PPE) and describe how it is used.
- D. Describe the proper technique for handwashing.
- E. List what items are to be placed in a Regulated Medical Waste container.
- F. Explain how TB is transmitted in the healthcare setting.

### **IV. DOCUMENTATION OF ATTENDANCE.**

A. Records will be maintained by the Operations and Training for a minimum of three (3) years.

B. Department specific orientation to infection control shall be documented and kept in the employee's CBO personnel file or in Operations and Training for a minimum of three years.

C. Unit specific Infection Control in-services are offered throughout the year based on needs assessment by the staff as in response to a particular Infection Control issue as it occurs. Documentation of the class and attendance will be maintained by the Head Nurse or OIC for three years.

### **V. TOPICS COVERED.**

- A. Hospital associated infections - Defined
- B. Risk factors
  - 1. extremes of age -- newborns and elderly

## SECTION 3A - ORIENTATION AND MANDATORY TRAINING, continued

2. antibiotic use
3. immune status
4. underlying diseases; COPD, DM
5. invasive procedures
6. pathogens in the environment

### C. Chain of infection; how to break the chain

1. source
2. Transmission
  - a. airborne
  - b. vehicle
  - c. contact - direct, indirect
3. susceptible host

D. Handwashing is the single most effective way to prevent the spread of infection. Handwashing is done for a minimum of 10-15 seconds.

1. When to wash.
2. Glove use and handwashing.
3. Types of soap - 0.5% Triclosan and 2% CHG
4. Dermatitis and latex allergies.

### E. STANDARD PRECAUTIONS AND EXPANDED PRECAUTIONS

1. Replaces Universal Precautions.
  - a. Now includes blood and all other body fluids
  - b. Contact with mucous membranes and non-intact skin
2. Expanded precautions are used in addition to Standard Precautions.

## SECTION 3A - ORIENTATION AND MANDATORY TRAINING, continued

- a. Airborne
- b. Droplet
- c. Contact

F. Personal Protective Equipment (PPE) is worn whenever exposure to blood or body fluids is anticipated.

### 1. Gloves

- a. Non- sterile gloves are used for touching any body fluids and decontamination procedures.
- b. General purpose utility (rubber) gloves worn by maintenance, housekeeping, laundry and other non-medical personnel may be decontaminated and reused.
- c. Gloves not to be used if torn or if there is other evidence of deterioration.
- d. Gloves MUST be worn during phlebotomy/venipuncture:

### 2. Fluid resistant gowns or aprons are worn:

- a. Splashes to skin or clothing expected
- b. When body fluids are likely to soil clothing

### 3. Masks and Eye Protection is worn:

- a. Splash or aerosol of body fluids is likely to occur and contact with mucous membrane of eyes, mouth or nose.

## G. NEEDLE/SHARP DISPOSAL

### 1. Needles not to be recapped bent, broken, or cut.

2. Scalpel blades, glass slides, lancets, vacutainers, capillary tubes, needles, syringes, and other sharp items are placed in puncture resistant "Sharps" containers.

3. Containers are located at point of use. Do NOT overfill! Change when 3/4 full.

## H. REGULATED MEDICAL WASTE

### 1. Definition - Name changes.

## SECTION 3A - ORIENTATION AND MANDATORY TRAINING, continued

2. All regulated medical waste (RMW) shall be placed in an orange RMW plastic bag at point of use. Wear appropriate PPE when handling.

3. All RMW is stored in the dirty utility room for pick up by the Housekeeping Department. It is then transported to the basement where it autoclaved. Once the process is complete, the label changes to reflect that the contents are now Non-regulated medical waste.

### I. LINEN

1. ALL used linen is handled as if contaminated. Cover soiled linen at all times.

2. Place used linen in the designated laundry hampers - NOT RMW BAGS – Even if linens are bloody.

### J. DECONTAMINATION OF SURFACES AND EQUIPMENT TO BODY FLUIDS

1. All organic soil must be removed before an item can be disinfected. Use hospital approved disinfectant to wipe item after cleaning. See Unit SOP for detailed instructions.

### K. BLOODBORNE PATHOGENS -HEPATITIS B EPIDEMIOLOGY

1. Incidence: 300 HCW/year die of Hepatitis B

2. Agent:  $10^8$  virus/cc of blood. Survives on surfaces contaminated with blood if not properly decontaminated and is easily transmitted by needle stick with a 30% risk of seroconversion after significant exposure.

3. Vaccine available - benefits, efficacy, and safety

a. Mandatory for all staff providing direct patient care and for all active duty - effective 1 Jan 97, per the OTSG.

4. Transmission occurs via blood, sexual exposure, and perinatal.

### L. BLOODBORNE PATHOGENS - HIV IN THE WORKPLACE

1. Routes of Transmission are the same as Hepatitis B.

2. Post exposure treatment is available (reference Occ Health lecture)

### M. TUBERCULOSIS AND THE TB EXPOSURE CONTROL PLAN

1. The cause and transmission of tuberculosis.

## SECTION 3A - ORIENTATION AND MANDATORY TRAINING, continued

2. The distinction between TB infection and TB disease.
3. The definition of "infectious" and how it relates to TB infection vs. disease.
4. The general prevalence of TB in this facility, the hierarchy of infection control measures, location of room to isolate TB patients, and written policies and procedures of DHCS.
5. The purpose and interpretation of TB skin testing, including the significance of skin test conversion. The purpose of preventive therapy in latent TB.
6. The risk factors for TB development, to include those with HIV infection or other immunocompromised individuals.
7. The signs and symptoms of pulmonary TB, reporting mechanisms, and the importance of Occupational Health notification if a HCW is diagnosed with TB disease or infection. Responsibilities of the facility include conducting a contact investigation, assuring that the HCW with TB receives appropriate therapy, is cleared for a safe return to duty, all the while maintaining the confidentiality of the HCW.

### ***Prevention of Community - acquired HIV is addressed by the Community Health Nurse -PM***

***The following section is addressed in the training provided by the Occupational Health Staff.***

#### **A. EMPLOYEE EXPOSURE TO BODY FLUIDS (i.e., SPLASH, PUNCTURE)**

1. Provide first aid.
2. Notify the supervisor and initiate the appropriate forms.
3. Report to the Emergency Room for evaluation and treatment.
4. HIV test is drawn after informed consent is obtained by the physician (except active duty) Hepatitis testing is performed to determine susceptibility.
5. The source patient is counseled, HIV consent is obtained, and blood is drawn for Hepatitis B, Hepatitis C, and HIV. The 10 minute SUDS test will be used to test the source patient's blood.
6. Post exposure prophylaxis (PEP) drug therapy is available in the ETR for significant exposure to HIV positive blood.
7. When placed on this therapy, follow-up will be arranged the next business day in the FHC of Fort Belvoir.

## **SECTION 3A - ORIENTATION AND MANDATORY TRAINING, continued**

B. Exposure to/or clinical illness of communicable disease must be reported to Occupational Health and Infection Control IAW MEDDAC Reg 40-93. Clearance to return to work must be obtained from the Occupational Health staff prior to reporting for duty. A list of communicable diseases is found in the Infection Control Manual.